



Graduate School—Central Connecticut State University, 1615 Stanley Street, New Britain CT 06050
Application for Graduation (Candidates for the Doctoral and Master’s Degrees and Sixth Year Certificate)

Name:	ID #:
Street:	M/D/Y of Birth:
City/St/Zip:	Telephone Nos.: (H)
Country:	(W)
Email Address:	Advisor:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date:

Other Name(s) Used at CCSU: _____ Other CCSU Degrees: Graduate Undergraduate

Ethnic Background (Optional): Non-resident Alien Black or African American American Indian/Alaska Native Asian
 Native Hawaiian/Pacific Islander Hispanic or Latino White

If you provide a response to this question, may we share it with the Alumni Association which sponsors special interest alumni groups? Yes No

Anticipated Month and Year of Degree Completion: May August December of _____ (year)

●●CCSU awards degrees three (3) times per academic year to graduate students who complete their program requirements: fall (December), spring (May), and summer (August). The annual graduate commencement ceremony is held each May for students who meet degree requirements in fall or spring and have 9 credits or fewer to complete in summer. Commencement information is sent to all eligible students who then inform the University about attendance.●●

Degree Expected: Ed.D. MA MAT MS Sixth Year Major: _____

Master’s Capstone Plan: Thesis (A) Comprehensive Examination (B) Special Project (C or E)

Enrollment Status: I am presently taking *the courses below* as a full-time or part-time student. I am not currently enrolled in courses .
 I am taking *the comprehensive examination* for my program (if applicable) .

Course Number (i.e., EDF 500)	Course Title (i.e., Contemp Ed Issues)	Instructor (i.e., Dr. Mary Smith)	Semester	Year

Please print your full name below as you wish it to appear on your diploma:

First Name(s), Middle Name(s), Last Name(s)

Please print the mailing address where you wish to receive your diploma:

Home or Apt. No. and Street _____

City/Town/State _____

Country (if applicable)/Zip/Postal Code _____

●●●This form must be used by graduate students intending to receive a degree from CCSU for the month and year specified above. Not submitting an Application for Graduation in a timely manner may result in failure to receive the appropriate degree. This application must be completed and returned to the Graduate School no later than September 15 (December completion) or March 1 (May/August completion) of the year in which you expect to graduate. Post-Baccalaureate Teacher Certification and non-degree students DO NOT use this form to specify program completion. Teacher Certification students contact their advisor to discuss the exit process; Post-Master’s and OCP students contact the degree auditor. Please notify the graduate degree auditor if your application has been submitted and you will not be able to complete degree requirements.

Since it will be necessary to mail information to you from time to time, please notify the Registrar’s Office immediately if you change your address. Diplomas are mailed to all graduates as soon as the University receives them. Your diploma will be sent to you, whether or not you attend the annual commencement ceremony, if your current address is provided to the Office of the Registrar.

●To the Advisor: Please contact the degree auditor immediately if you have reason to believe this student will not graduate in the month and year noted.